

EBOLA VIRUS DISEASE

Democratic Republic of the Congo



External Situation Report 84



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Data as reported by: 15 March 2020

1. Situation update

Cases	Deaths
3444	2264

There have been no new cases of Ebola virus disease (EVD) reported since 17 February 2020. On 3 March 2020, the only person confirmed to have EVD in the last 21 days (Figure 1) was discharged from an Ebola Treatment Centre after recovering and testing negative twice for the virus. On 9 March, the last 46 contacts finished their follow-up. These are important milestones in the outbreak. However, there is still a high risk of re-emergence of EVD, and a critical need to maintain response operations to rapidly detect and respond to any new cases, to prioritize ongoing support and health monitoring for survivors – as outlined in the [WHO recommended criteria for declaring the end of the EVD outbreak](#).

Surveillance, pathogen detection, and clinical management activities continue, including alert validation, contact follow-up, rapid diagnosis of suspected cases, and building partnerships with community members to strengthen investigation of potential EVD deaths in communities.

Insecurity remains a challenge, hindering ongoing surveillance activities in some areas, which could delay the detection of potential reintroduction events.

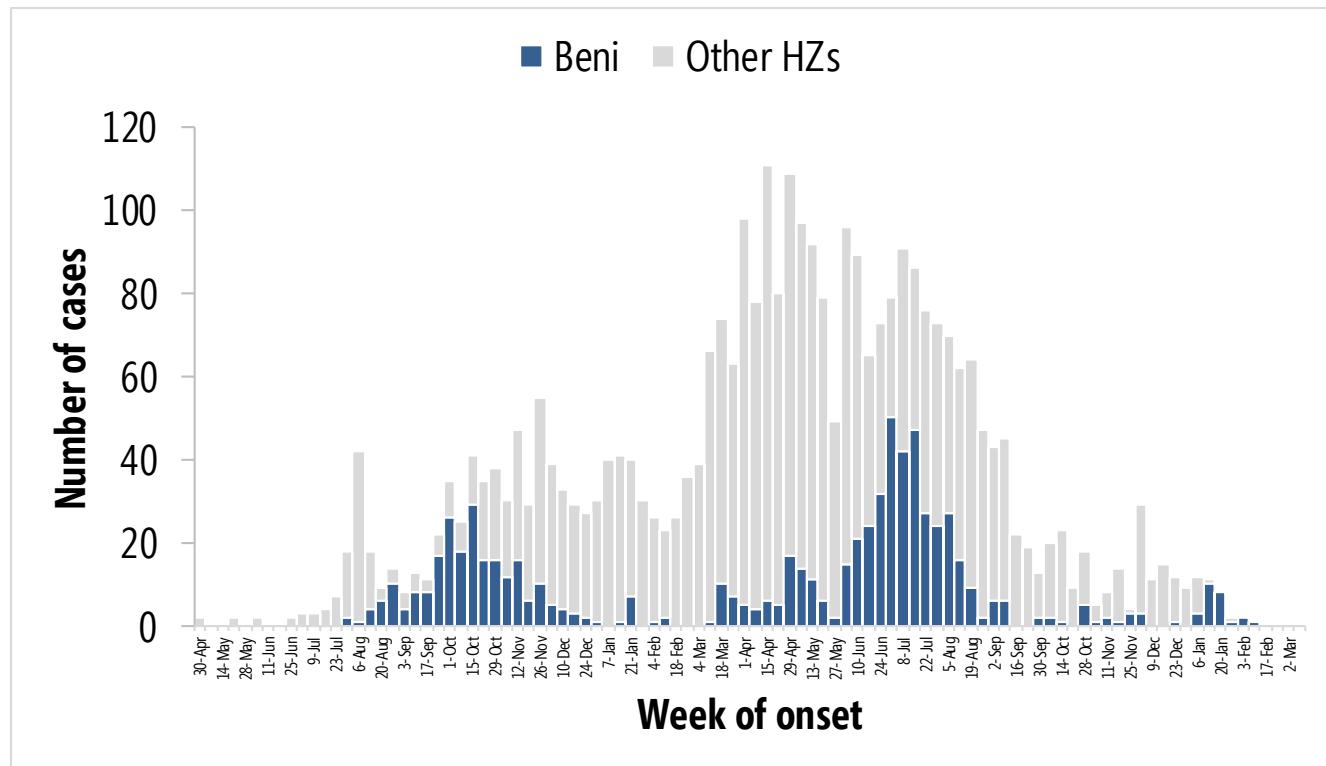
In the past week (9–15 March 2020), 33 026 alerts were reported and investigated. Of these, 2550 alerts were validated as suspected cases, requiring specialized care and laboratory testing to rule-out EVD. On average, people stay in these facilities for three days while waiting for EVD to be definitively ruled out (i.e. after two negative polymerase chain reaction tests 48 hours apart), while care is provided for their illness under isolation precautions. Timely testing of suspected cases continues to be provided across 11 laboratories in cities that have been affected by the outbreak. From 9 to 15 March, 2760 samples were tested including: 1565 blood samples from alive, suspected cases; 405 swabs from community deaths; and 790 samples from re-tested patients. Overall, laboratory activity was roughly similar to the prior week, but down from weeks prior to this.

Throughout the outbreak, alert rates steadily climbed as active and passive case finding systems were strengthened, reaching additional health zones involved in the evolution of the outbreak, and continuously adapted to suit local context. With the decline in confirmed case incidence and gradual transition toward routine disease surveillance systems, alert rates have, as expected, begun to decline in some areas. It, however, remains important for appropriate levels of surveillance to be maintained through the end of outbreak declaration to rapidly detect relapse, reintroduction or new emergence events, thereby providing an opportunity to implement effective control measures and avoid a potential resurgence of the outbreak.

As of 15 March 2020, a total of 3444 EVD cases were reported from 29 health zones (Table 1, Figure 2), including 3310 confirmed and 134 probable cases have been reported, of which 2264 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1931) were female, 28% (975) were children aged less than 18 years, and 5% (171) were healthcare workers.

No funding for the Ebola response in the Democratic Republic of the Congo has been received by WHO since December 2019. An urgent injection of US\$ 20 million is required to ensure that response teams have the capacity to maintain the appropriate level of operations through to the beginning of May 2020, and are able to rapidly respond to any flare-ups. If no new resources are received, WHO risks running out of funds for the Ebola response before the end of the outbreak. For more information see this recent statement: <https://www.who.int/news-room/detail/06-03-2020-end-in-sight-but-flare-ups-likely-in-the-ebola-outbreak-in-the-democratic-republic-of-the-congo>

Figure 1: Health zone of reported Ebola virus disease cases by week of illness onset, as of 15 March 2020



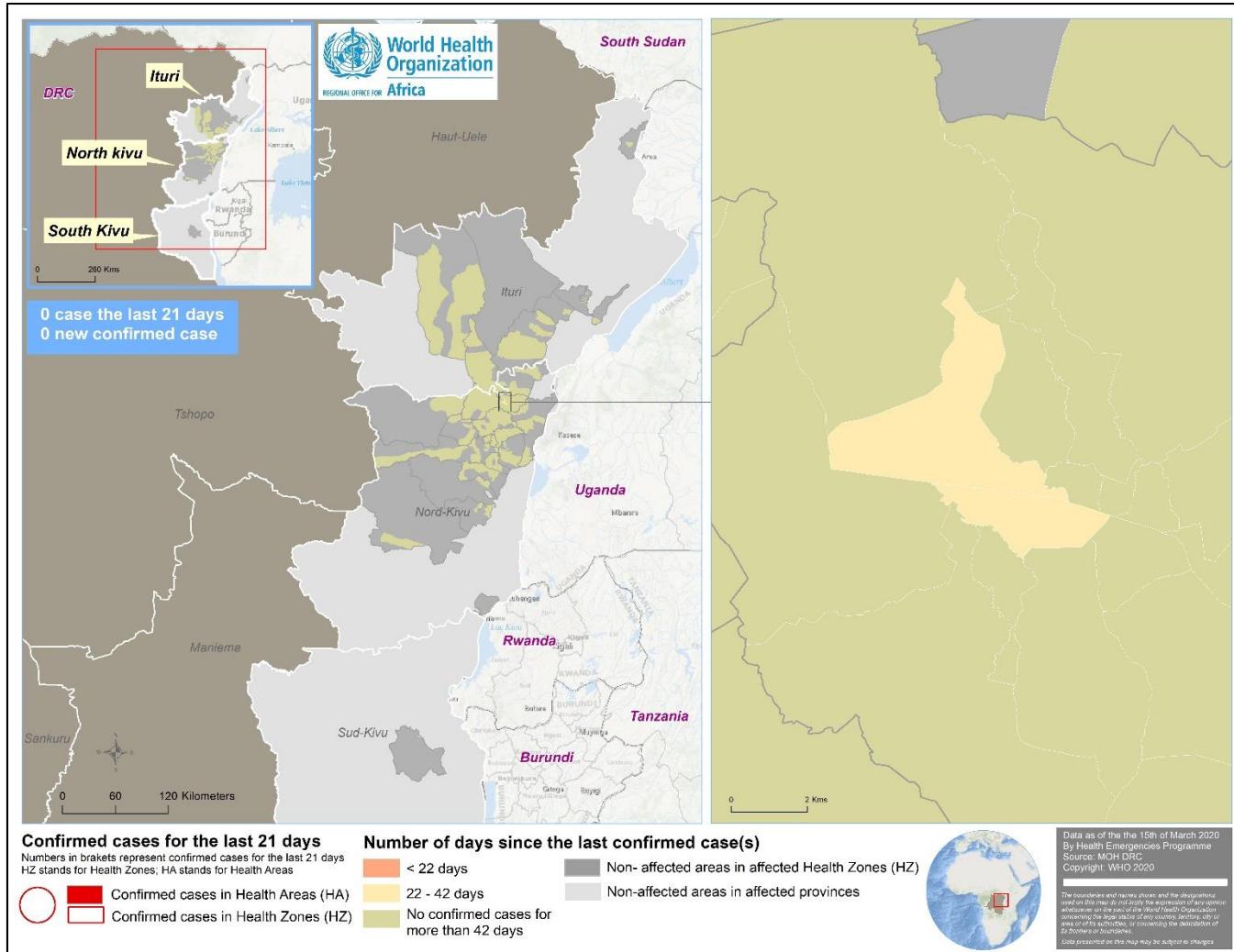
*Excludes n=148/3444 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. Non-active health zones indicate health zone that have not reported cases in the last 21 days – see Table 1 for details.

Table 1: Ebola virus disease cases by classification and health zones in North Kivu and Ituri provinces, Democratic Republic of the Congo, as of 15 March 2020

Province	Health Zone	Health areas reporting at least one case in previous 21 days / total number of health areas	Confirmed cases in the last 21 days	Cumulative cases by classification			Cumulative deaths	
				Confirmed cases	Probable cases	Total cases	Deaths among confirmed cases	Total deaths
South Kivu	Mwenga	0/18	0	6	0	6	3	3
North Kivu	Alimbongo	0/20	0	5	1	6	2	3
	Beni	0/18	0	721	9	730	465	474
	Biena	0/16	0	19	2	21	12	14
	Butembo	0/15	0	295	7	302	353	360
	Goma	0/10	0	1	0	1	1	1
	Kalunguta	0/18	0	198	20	218	71	91
	Katwa	0/18	0	653	24	677	471	495
	Kayna	0/21	0	28	1	29	8	9
	Kyondo	0/22	0	25	4	29	15	19
	Lubero	0/19	0	31	2	33	4	6
	Mabalako	0/12	0	463	18	481	334	352
	Manguredjipa	0/10	0	18	1	19	12	13
	Masereka	0/16	0	50	6	56	17	23
	Musienene	0/20	0	85	1	86	33	34
	Mutwanga	0/19	0	32	0	32	12	12
	Nyiragongo	0/10	0	3	0	3	1	1
	Oicha	0/26	0	65	0	65	30	30
	Pinga	0/18	0	1	0	1	0	0
	Vuhovi	0/12	0	103	14	117	37	51
Ituri	Ariwara	0/21	0	1	0	1	1	1
	Bunia	0/20	0	4	0	4	4	4
	Komanda	0/15	0	56	10	66	44	54
	Lolwa	0/8	0	6	0	6	1	1
	Mambasa	0/17	0	82	4	86	27	31
	Mandima	0/15	0	347	10	357	166	176
	Nyakunde	0/12	0	2	0	2	1	1
	Rwampara	0/13	0	8	0	8	3	3
	Tchomia	0/12	0	2	0	2	2	2
Total		0/471	0	3310	134	3444	2130	2264

Note: Attributions of cases notified in recent days to a health zone are subjected to changes upon in-depth investigations

Figure 2: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 15 March 2020



**Data are subject to delays in case confirmation and reporting, as well as ongoing data cleaning and reclassification – trends during recent weeks should be interpreted cautiously.*

2. Actions to date

The Government and the Ministry of Health (MOH) and other national authorities in the Democratic Republic of the Congo, WHO, and partners are implementing outbreak control interventions together with teams in the surrounding provinces, who are taking measures to ensure that they are response-ready.

An overview of key activities is summarized below:

Surveillance and Laboratory

- Over 249 395 contacts have been registered to date and none were under surveillance as of 10 March 2020. On average, 99% of contacts were followed daily in the last seven days in health zones with continued operations.
- As of March 15, an average of 4718 alerts were reported per day over the past seven days, of which 4669 (99%) were investigated within 24 hours of reporting.
- Testing of suspected cases continues to be provided across 11 operational laboratories. From 9 to 15 March, 2760 samples were tested.

Vaccines

- As of 14 March 2020, 301 585 people were vaccinated with the rVSV-ZEBOV-GP Ebola vaccine.
- Vaccination with the Ad26.ZEBOV/MVA-BN-Filo vaccine continued in two health areas near Goma, with 20 339 people vaccinated since its introduction on 14 November 2019, as of 6 March 2020.

Case management

- Ebola treatment centres (ETCs), transit centres (TCs), and decentralized transit centres continue to operate across outbreak affected areas, providing timely care and diagnoses for suspected EVD cases. As of 14 March 2020, there are nine Ebola treatment centres (ETCs) and 12 Ebola transit centres reporting bed occupancy.

Infection prevention and control (IPC) and Water, Sanitation and Hygiene (WASH)

- In the past 21 days, no new cases of nosocomial infections were reported. The updates are summarized by IPC subcommissions, below:

- ④ Mangina: all the health areas are functional. A plan for integrated supervision has been developed with other commissions. Additionally, a training on IPC has been developed to prepare for transferring IPC competencies to health zones within the subcoordination.
- ④ Butembo: activities continue in the 12 health zones with limited resources. A total of 500 healthcare workers from the Butembo Ebola Treatment Center were trained on IPC. The major challenge is the limited availability of personal protective equipment (PPE).
- ④ Beni: IPC training was conducted, targeting final-year medical students and nurses prior to their dispatch in facilities. This training targeted 275 students.
- ④ Komanda: 80 IPC kits were distributed to 80 HCFs. IPC trainings are planned for traditional healers on IPC standard precautions, and for healthcare workers on IPC with a focus on sterilization of medical equipment. Response activities in Nyakunde Health Zone have concluded.
- ④ Biakato: a severe insecurity incident, which resulted in community displacements hampered all IPC activities. A training is planned for the staff of the health zone to prepare the transfer of activities.

Points of Entry (PoE)

- ④ The International Organization for Migration (IOM) continued to provide risk communication information and door-to-door community engagement activities to the community around PoE/POC in Mambasa, Beni and Kasindi, which reached approximately 1,166 individuals, including children.
- ④ As a part of the Women's International Day celebration, IOM organized a series of activities which involved sensitization campaigns for 112 women in Beni on the role of women in the response to the EVD outbreak. Participants represented various backgrounds including Civil Society Organizations, media groups, and women's associations.
- ④ Flow monitoring point activities, where staff monitor the number of travellers passing by, as well as their origin, destination, origin, and motive for travel, continue at six PoCs in Bunia, Goma, Beni and Butembo.
- ④ Two PoCs, namely Byakatomayi and Byakato Mine returned to full activity on 12 March 2020 following a few weeks of inactivity due to insecurity in the area.
- ④ Insecurity continues to affect PoE operations. A total of three PoCs experienced interruptions this week, including PoC Tchai, Butembo and Mubambo.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_24767

